

# Family Chiropractic Center

## *Patient Privacy Notice*

### Our office's Requirements - We:

- (a) are required by law to maintain the privacy of your medical information and to provide you with a copy of our *Privacy Notice* detailing our legal duties and privacy practices with respect to your medical information;
- (b) are required to abide by the terms of the notice;
- (c) reserve the right to change the terms of our *Privacy Notice* and to make the *Privacy Notice* provisions effective for all of your medical information we maintain;
- (d) Will:
  - i. distribute any revised *Privacy Notice* to you prior to implementation; and
  - ii. give to you, and you must sign a receipt for, any revised notice
- (e) will not retaliate against you for filing a complaint

**EFFECTIVE DATE:** - *This notice is in effect as of April 14, 2003*

- I understand that I am entitled to a copy of Family Chiropractic Center's *Privacy Notice* but do not wish to receive a copy.
- I understand that I am entitled to a copy of Family Chiropractic Center's *Privacy Notice* and I do wish to receive a copy.

Print Name: \_\_\_\_\_

Sign Name: \_\_\_\_\_

*By signing, you certify that have received notice and that all of your questions have been answered to your satisfaction in language that you can understand.*